



BMS MediWeb Portal

**West Virginia Department of Health and Human Resources
Bureau for Medical Services**

**Pharmacist and Prescriber User's Guide
v1.0**

January 2010

Copyright Notice

Copyright © 2010 Health Information Designs, Inc. All rights reserved.

Trademarks

Microsoft and Internet Explorer are registered trademarks or trademarks of Microsoft Corporation in the United States and/or other countries. All other product names may be trademarks or registered trademarks of their respective companies.

Disclaimer

Health Information Designs, Inc. has made every effort to ensure the accuracy of the information in this document at the time of printing. However, information may change without notice.

Version Control Log

Date	Author	Comments
01/&- /2010	Fillippeli/Trawick	Initial version

This page intentionally left blank.

Table of Contents

1	Document Overview	1
	Purpose and Contents.....	1
	Formatting Conventions	1
2	System Overview	3
	About This Chapter	3
	About MediWeb.....	3
	Patient and Pharmacy Claims History	3
	Electronic Prior Authorization Requests	3
3	Patient and Pharmacy Claims History	5
	About This Chapter	5
	Logging On To MediWeb	5
	Search	6
	Patient Lookup.....	6
	Diagnosis History	8
	Pharmacy History	9
	Hospital Procedure History	10
	Non-Hospital Procedure History	11
	Details.....	12
4	PAXpress.....	15
	About This Chapter	15
	About PAXpress.....	15
	Using PAXpress	16
5	Account Management and Forms.....	19
	About This Chapter	19
	Manage Account.....	19
	Forms.....	20
	BMS MediWeb Portal Access Request Form.....	20
	Authorization to Disclose Personal Health Information Form.....	20
	Notice to Medicaid Members.....	20
6	Assistance and Support	21
	Technical Assistance	21
	Administrative Assistance	21
	Appendix A: BMS MediWeb Portal Access Request Form	23
	Appendix B: Authorization to Disclose Personal Health Information Form.....	27

Appendix C: Notice to Medicaid Members	31
---	-----------

List of Tables

Table 1 - Diagnosis History Window Field Descriptions	9
Table 2 - Pharmacy History Window Field Descriptions	10
Table 3 - Hospital Procedure History Window Field Descriptions	11
Table 4 - Non-Hospital Procedure History Window Field Descriptions	12
Table 5 - Details Window Field Descriptions	13
Table 6 - Prior Authorization Request Forms	15
Table 7 - PA Form Navigation	17

1 Document Overview

Purpose and Contents

The *MediWeb Pharmacist and Prescriber User's Guide* serves as a guide for West Virginia pharmacists and prescribers using the West Virginia BMS MediWeb Portal (hereinafter referred to as "MediWeb") to view patient and pharmacy claims history.

This guide also includes information about using PAXpress, the portion of MediWeb that provides pharmacists and prescribers the ability to submit online prior authorization (PA) requests.

Formatting Conventions

The following tables describe the formatting conventions used in this document:

Window or Web Page Element	Format
Execution buttons	Begin with uppercase letters and appear in bold type, for example, "Click Continue ."
Windows	Begin with uppercase letters and appear in bold type, for example, "Close the Patient Summary window."
Icons	Begin with uppercase letters and appear in bold type, for example, "Click the Help icon."

Format	Used to Designate...
Bold	References to execution buttons, windows, file names, menus, icons, or options
<i>Italic</i>	References to external documents
<i>Bold Italic</i>	Emphasized text, for example, <i>Do not close this window.</i>
<i>Times New Roman Italic</i>	Text you must type in a field or window, for example, <i>01/01/10.</i>
<u>Blue text</u>	Hyperlinks to other sections of this document or Windows® Internet Explorer® Web sites

This page intentionally left blank.

2 System Overview

About This Chapter

This chapter provides an overview of the MediWeb application.

About MediWeb

MediWeb allows you to access your patients' medical and pharmacy claims history, and electronically submit prior authorization (PA) requests.

Important note: Before using MediWeb, you must complete and submit a Bureau for Medical Services (BMS) MediWeb Portal Access Request Form. This form, along with instructions for completion, is available on the West Virginia Department of Health and Human Resources Web site at: <http://www.wvdhhr.org/bms> and is also provided in [Appendix A](#) of this document.

Patient and Pharmacy Claims History

After completing a MediWeb access request form and receiving approval from the BMS, you can log on to MediWeb and access up to 24 months of the following types of patient medical and pharmacy claims history:

- A summary of all patient pharmacy, inpatient, outpatient, emergency room, and non-hospital claims
- Diagnosis history
- Pharmacy history
- Hospital procedure history
- Non-hospital procedure history

Electronic Prior Authorization Requests

A PA request is required when you write or receive a prescription for a drug that is not on the preferred drug list, or if a PA request is required for clinical reasons. Via PAXpress within MediWeb, you have the ability to create and electronically submit PA requests directly to the Rational Drug Therapy Program (RDTP) Help Desk.

The following forms are currently available for PA requests; however, forms will be added as prior authorization requirements are updated:

- COX-2 Inhibitor (COX-1 Sparing) Brand Name NSAID Approval

- Linezolid (Zyvox©) Prior Authorization
- Modafinil Prior Authorization
- Neuraminidase Inhibitor Prior Approval
- Palivizumab Prior Authorization Request
- Preferred Drug List Exemption Request
- Request for Exemption from Criteria
- Risperidone Long Acting Injection Exemption Request

For the most current list of forms, visit the West Virginia Department of Health and Human Resources Web site at: <http://www.wvdhhr.org/bms>.

3 Patient and Pharmacy Claims History

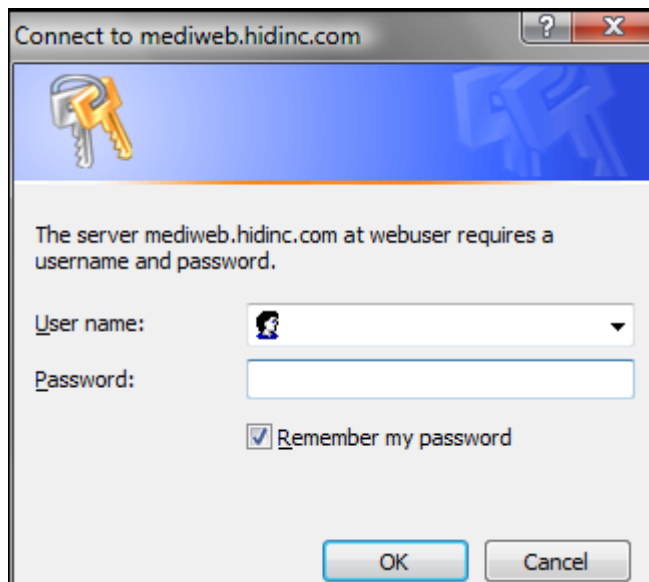
About This Chapter

This chapter contains information about how to log on to and use MediWeb to view patient and pharmacy claims history information.

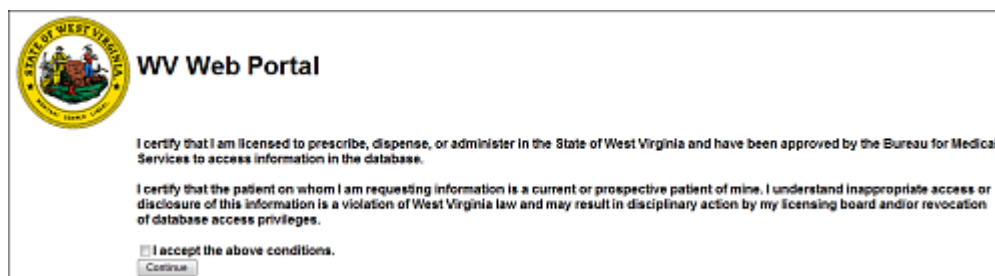
Logging On To MediWeb

Perform the following steps to log on to MediWeb:

- 1 Open an Internet browser window and type the following URL in the address bar: <https://mediweb.hidinc.com>. A window similar to the following is displayed:

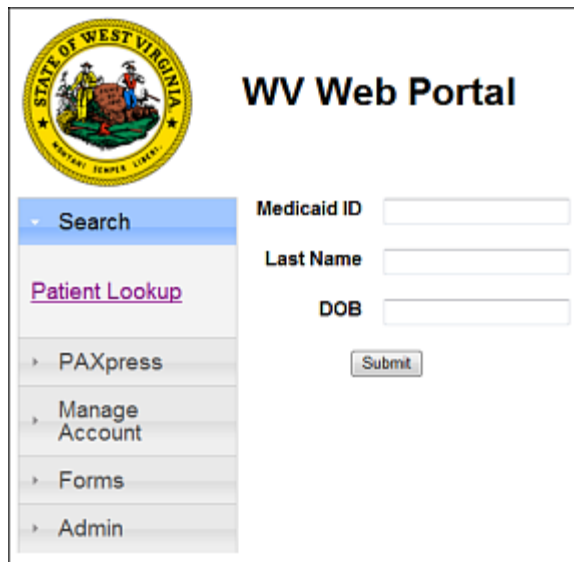


- 2 Type your user name in the **User name** field.
- 3 Type your password in the **Password** field.
- 4 Click **OK**. A window similar to the following is displayed:



- 5 Review the agreement, and then click the **I accept the above conditions** check box.

A window similar to the following is displayed:



The screenshot shows the WV Web Portal interface. On the left is a navigation menu with the following items: Search (highlighted in blue), Patient Lookup (in purple), PAXpress, Manage Account, Forms, and Admin. On the right, there are three input fields labeled Medicaid ID, Last Name, and DOB, followed by a Submit button. The West Virginia state seal is in the top left corner, and the text 'WV Web Portal' is in the top right.

Before accessing patient information, you must provide the following before clicking **Submit**:

- Patient's Medicaid ID number
- Patient's last name (as it appears on the patient's Medicaid ID card)
- Patient's date of birth (as it appears on the patient's Medicaid ID card)

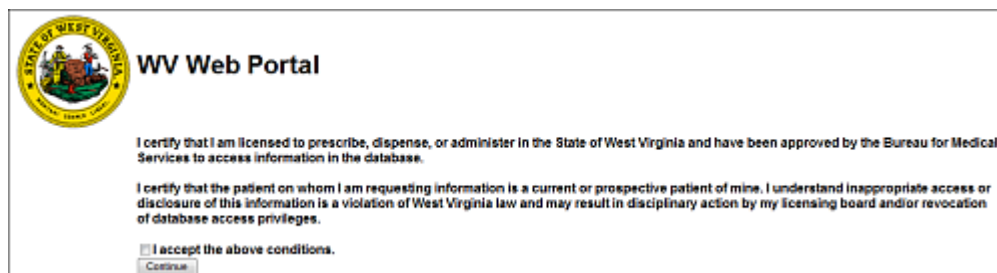
Search

The Search function allows you to search for a specific patient using the **Patient Lookup** function. Once you have located the patient, you may view patient diagnosis, pharmacy, hospital procedure, and non-hospital procedure information. These functions are described in the following topics.

Patient Lookup

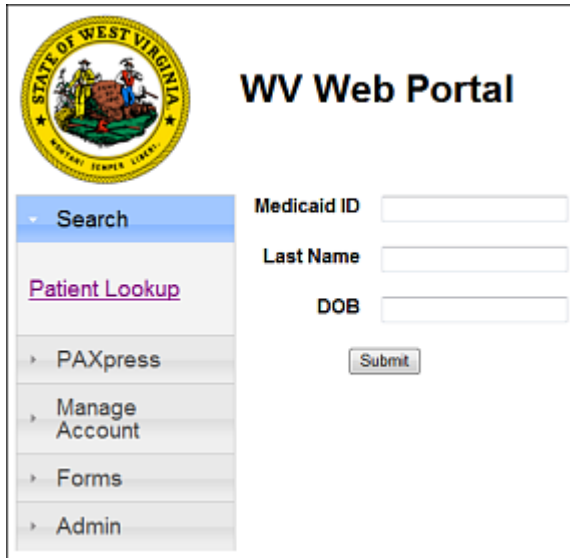
Perform the following steps to search for a patient:

- 1 Log on to MediWeb. For more information, see "[Logging On To MediWeb](#)."
- 2 Click **Search**, and then click **Patient Lookup**. The following window is displayed:

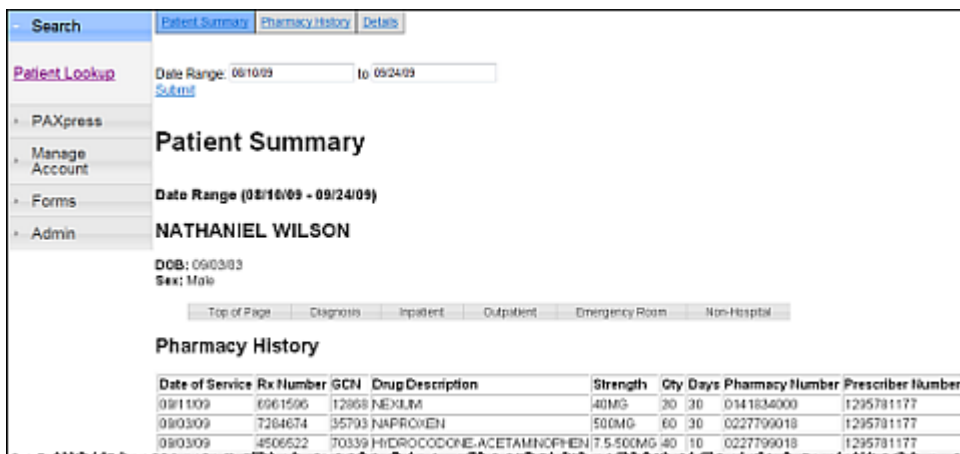


The screenshot shows the WV Web Portal Patient Lookup consent screen. It features the West Virginia state seal and the text 'WV Web Portal'. Below the seal, there are two paragraphs of text: 'I certify that I am licensed to prescribe, dispense, or administer in the State of West Virginia and have been approved by the Bureau for Medical Services to access information in the database.' and 'I certify that the patient on whom I am requesting information is a current or prospective patient of mine. I understand inappropriate access or disclosure of this information is a violation of West Virginia law and may result in disciplinary action by my licensing board and/or revocation of database access privileges.' At the bottom, there is a checkbox labeled 'I accept the above conditions.' and a 'Continue' button.

- 3 Select the **I accept the above conditions** check box to certify your request, and then click **Continue**. The following window is displayed:



- 4 Type the patient's Medicaid ID number in the **Medicaid ID** field.
- 5 Type the patient's last name (as it appears on the patient's Medicaid ID card) in the **Last Name** field.
- 6 Type the patient's date of birth (as it appears on the patient's Medicaid ID card), using the *mm/dd/yyyy* format, in the **DOB** field.
- 7 Click **Submit**. The **Patient Summary** window is displayed:



Date of Service	Rx Number	GCN	Drug Description	Strength	Qty	Days	Pharmacy Number	Prescriber Number
08/11/09	6961506	12868	NEXIUM	40MG	30	30	0141834000	1295791177
08/03/09	7264674	35793	NAPROXEN	500MG	60	30	0227799018	1295791177
08/03/09	4506522	70339	HYDROCODONE/ACETAMINOPHEN	7.5/500MG	40	10	0227799018	1295791177

The **Patient Summary** window displays a summary of all pharmacy claims information for the selected patient.

The following topics describe how to access and view the information displayed on each of the tabs available on the **Patient Summary** window:

- [Diagnosis History](#)
- [Pharmacy History](#)
- [Hospital Procedure History](#)
- [Non-Hospital Procedure History](#)
- [Details](#)

Diagnosis History

This window displays patient diagnosis information for the currently-selected patient for the most recent 60 days.

- 1 Log on to MediWeb. For more information, see the "[Logging On To MediWeb](#)" and "[Patient Lookup](#)" topics.
- 2 On the **Patient Summary** window, click the **Diagnosis History** tab. A window similar to the following is displayed:

Current Date of Service	Diagnosis	ICD9 Code Description	First Date of Service	Physician Number
02/24/09	4254	OTH PRIMARY CARDIOMYOPATHIES	02/24/09	0011614000
02/15/09	8831	OPEN WOUND FINGER COMPLICATED	02/15/09	0001342003
02/15/09	9594	OTH UNJS INJURY HAND EX FINGER	02/15/09	0001342003
01/23/09	4254	OTH PRIMARY CARDIOMYOPATHIES	01/23/09	0011614000
01/23/09	27800	OBESITY UNSPECIFIED	01/23/09	0011614000
01/14/09	V4502	IMPLANTABLE CARDIAC DEFIB IN SITU	01/14/09	0010400000
01/09/09	4254	OTH PRIMARY CARDIOMYOPATHIES	01/09/09	0011614000

Note: The system displays the most recent 60 days of claims history. To view claims for another time frame, type start and end dates in the **Date Range** fields (using the *mm/yy/yyyy* format), and then click **Submit**.

The following table provides information about each of the fields displayed on this window:

Field	Description
Current Date of Service	Most recent date the diagnosis was submitted
Diagnosis	ICD-9 code number
ICD9 Code Description	Name and/or description of the submitted diagnosis

Field	Description
First Date of Service	First date that the diagnosis was submitted
Physician Number	Identification number of the physician associated with the diagnosis

Table 1 - Diagnosis History Window Field Descriptions

Pharmacy History

This window displays patient pharmacy history information for the currently-selected patient for the most recent 60 days.

- 1 Log on to MediWeb and select a patient. For more information, see the "[Logging On To MediWeb](#)" and "[Patient Lookup](#)" topics.
- 2 On the **Patient Summary** window, click the **Pharmacy History** tab. A window similar to the following is displayed:

Pharmacy History
NATHANIEL WILSON
 DOB: 09/03/83
 Sex: Male

Date of Service	Rx Number	GCN	Drug Description	Strength	Qty	Days	Pharmacy Number	Prescriber Number
09/11/09	6961596	12668	NEXIUM	40MG	30	30	0141834000	1295781177
09/03/09	7284674	35793	NAPROXEN	500MG	60	30	0227799018	1295781177
09/02/09	6508523	76336	AMPROSCONE ACETAMINOPHEN	7.5-500MG	40	10	0237389036	1295781177

Note: The system displays the most recent 60 days of claims history. To view claims for another time frame, type start and end dates in the **Date Range** fields (using the *mm/yy/yyyy* format), and then click **Submit**.

The following table provides information about each of the fields displayed on this window:

Field	Description
Date of Service	Date the drug was dispensed
RxNumber	Prescription number
GCN	Generic Code Number; a five-digit code that represents a specific generic formulation
Drug Description	Description of the prescribed drug
Strength	Strength of the prescribed drug
Qty	Quantity of the prescribed drug
Days	Number of days of use available for the prescribed drug
Pharmacy Number	Pharmacy identification number, which is populated from the pharmacy number received from the claims database
Prescriber Number	Prescriber's identification number, which is usually the prescriber's state license number or CMS National Provider Identifier (NPI)

Field	Description
Pharmacy Count	Number of unique pharmacies that dispensed to the patient during the specified time frame
Physician Count	Number of unique physicians visited by the patient during the specified time frame

Table 2 - Pharmacy History Window Field Descriptions

Hospital Procedure History

This window displays inpatient, outpatient, and emergency room procedure history information for the currently-selected patient for the most recent 60 days.

- 1 Log on to MediWeb. For more information, see the "[Logging On To MediWeb](#)" and "[Patient Lookup](#)" topics.
- 2 On the **Patient Summary** window, click the **Hospital Procedure History** tab. A window similar to the following is displayed:

Search

Patient Summary | Diagnosis History | Pharmacy History | **Hospital Procedure History** | Non-Hospital Procedure History | Details

Patient Lookup

Date Range: 01/01/09 to 06/15/09
Submit

PAXpress
Manage Account
Forms
Admin

Hospital Procedure History

JAMES BROWN

DOB: 11/29/72
Sex: Male

Hospital Inpatient Procedure History

Date of Service	Procedure Code	Procedure Code Description	Diagnosis	Provider Number	Referring Physician Number
02/28/09	73120	RADEX HAND 2 VIEWS	OTH HAND INJURY HAND EX FINGER	0000505000	3810012557

Hospital Outpatient Procedure History

Date of Service	Procedure Code	Procedure Code Description	Diagnosis	Provider Number	Referring Physician Number
02/28/09	99140	ANES COMP EMER CONDITIONS SPEC	OPEN WOUND OF HAND	3810010865	3810012557
02/28/09	00400	ANES INTEG EXTREMITIES ANTERIOR TRUNK PERINEUM	OPEN WOUND OF HAND	3810010865	3810012557
02/28/09	00400	ANES INTEG EXTREMITIES ANTERIOR TRUNK PERINEUM	OPEN WOUND OF HAND	3810010865	3810012557

Hospital Emergency Room Procedure History

Date of Service	Procedure Code	Procedure Code Description	Diagnosis	Provider Number	Referring Physician Number
02/28/09	73130	RADEX HAND MINIMUM 3 VIEWS	OPEN WOUND OF FINGER	0000523000	3810001677
02/28/09	99204	EMER DEPT HI SEVERITY URGENT EVAL	OPEN WOUND OF HAND	3810001581	

Note: The system displays the most recent 60 days of claims history. To view claims for another time frame, type start and end dates in the **Date Range** fields (using the *mm/yy/yyyy* format), and then click **Submit**.

The following table provides information about each of the fields displayed on this window:

Field	Description
Date of Service	Date the service was rendered
Procedure Code	Code number assigned to the procedure
Procedure Code Description	Description of the procedure that was performed
Diagnosis	Diagnosis that led to the procedure that was performed
Provider Number	Identification number of the provider who performed the procedure
Referring Physician Number	Identification number of the physician who referred the patient for the procedure

Table 3 - Hospital Procedure History Window Field Descriptions

- 3 Scroll through this window as desired to view inpatient, outpatient, and emergency room procedure history for the selected patient.

Non-Hospital Procedure History

This window displays non-hospital procedure history information for the currently-selected patient for the most recent 60 days.

- 1 Log on to MediWeb. For more information, see the "[Logging On To MediWeb](#)" and "[Patient Lookup](#)" topics.
- 2 On the **Patient Summary** window, click **Non-Hospital Procedure History**. A window similar to the following is displayed:

Non-Hospital Procedure History

JAMES BROWN

DOB: 11/23/72
Sex: Male

Date of Service	Procedure Code	Procedure Code Description	Provider Number	Referring Physician Number
03/01/09	J2405	INJEC ONDANSETRON HYDROCHLORID	0001144000	
03/01/09	J2780	INJECTION, RANITIDINE HYDROCHL	0001144000	
02/28/09	A0429	AMB. SVC, BLS, EMERGENCY TRANS	0001155005	
02/28/09	80048	BASIC METABOLIC PANEL CALCIUM TOTAL	0001155000	
02/28/09	85025	BLD# COMPL AUTO HHRWP&AUTO DIFFIAL	0001155000	

Note: The system displays the most recent 60 days of claims history. To view claims for another time frame, type start and end dates in the **Date Range** fields (using the *mm/yy/yyyy* format), and then click **Submit**.

The following table provides information about each of the fields displayed on this window:

Field	Description
Date of Service	Date the service was rendered

Field	Description
Procedure Code	Code number assigned to the procedure
Procedure Code Description	Description of the procedure that was performed
Provider Number	Identification number of the provider who performed the procedure
Referring Physician Number	Identification number of the physician who referred the patient for the procedure

Table 4 - Non-Hospital Procedure History Window Field Descriptions

Details

This window displays detailed information about the prescribers and pharmacies associated with the information displayed on the **Pharmacy History** window.

- 1 Log on to MediWeb and select a patient. For more information, see the "[Logging On To MediWeb](#)" and "[Patient Lookup](#)" topics.
- 2 On the **Patient Summary** window, click **Details**. A window similar to the following is displayed:

The screenshot shows the 'Patient Details' window. At the top, there are tabs for 'Patient Summary', 'Pharmacy History', and 'Details'. Below the tabs, there is a 'Search' button and a 'Patient Lookup' link. A 'Date Range' field is set to '09/10/09' to '09/24/09'. The patient's name is 'NATHANIEL WILSON' and his DOB is '09/03/03'. The 'Prescriber' section shows a table with 3 entries. The 'Pharmacy' section shows a table with 2 entries.

ID	Name	Address	Prescription Count	Most Recent Date
1295781177	HAKAL, ELIAS	4114 1ST AVE NITRD, WV 25143	10	09/11/09
1619961232	MOUSHMOUSH, BASSAM	331 LAIDLEY ST SUITE 331 CHARLESTON, WV 25301	2	09/24/09
1376759004	HELMICK, KRISTEN	3110 MACCORKLE AVE., S.E. CHARLESTON, WV 25304	1	09/10/09
Total: 3				

ID	Name	Address	Prescription Count	Most Recent Date
0141834000	WAL-MART PHARMACY 10-2576	NATIONS BANK T/P ACCT DERBY, KS 67037	11	09/11/09
0227799019	WAL-MART PHARMACY E 10-2036	DATANET DERBY, KS 67037	2	09/03/09

Note: The system displays the most recent 60 days of claims history. To view claims for another time frame, type start and end dates in the **Date Range** fields (using the *mm/yy/yyyy* format), and then click **Submit**.

The following table provides information about each of the fields displayed in the Prescriber and Pharmacy sections on this window:

Field	Description
ID	Identification number of the prescriber or pharmacy
Name	Name of the prescriber or pharmacy
Address	Address of the prescriber or pharmacy
Prescription Count	Number of prescriptions filled within the specified time frame

Field	Description
Most Recent Date	Date the prescription was most recently filled
Total	Total number of prescribers visited during the specified time frame OR Total number of unique pharmacies that dispensed to the patient during the specified time frame

Table 5 - Details Window Field Descriptions

This page intentionally left blank.

4 PAXpress

About This Chapter

This chapter contains information about using PAXpress within MediWeb to create and submit PA requests.

About PAXpress

PAXpress allows you to fill out a PA request online, add any relevant attachments, and submit the request directly to the Rational Drug Therapy Program (RDTP) Help Desk. An attachment must be one of the following supported file types: PDF, JPG, PNG, or GIF. Attachments are added to your request and are visible to the RDTP staff.

The following forms are currently available for PA requests; however, forms will be added as prior authorization requirements are updated. For the most current list of forms, visit the West Virginia Department of Health and Human Resources Web site at <http://www.wvdhhr.org/bms>.

Form
COX-2 Inhibitor (COX-1 Sparing) Brand Name NSAID Approval
Linezolid (Zyvox [®]) Prior Authorization
Modafinil Prior Authorization
Neuraminidase Inhibitor Prior Approval
Palivizumab Prior Authorization Request
Preferred Drug List Exemption Request
Request for Exemption from Criteria
Risperidone Long Acting Injection Exemption Request

Table 6 - Prior Authorization Request Forms

Using PAXpress


- 1 Log on to MediWeb. For more information, see "[Logging On To MediWeb](#)."
- 2 Click **PAXpress** on the MediWeb home page.
- 3 Click **Request Forms**. A window similar to the following is displayed:

PAXpress

A PAXpress request allows you to submit a request online, add any relevant attachments, and submit the request to the call center staff. The request is completed using a fillable PDF document. Additionally, you may add attachments that are relevant to your request. The attachments must be a supported file type. The supported file types are: PDF, JPEG, JPG, PNG, and GIF. These attachments will be added to your request and be visible by the call center staff. Once you have completed these steps your request will be submitted and you will be able to view and save your request for your records. Please use the following links to start your PAXpress request.

- [COX-2 Inhibitor \(COX-1 Sparing\) Brand Name NSAID Approval](#)
- [Linezolid \(Zyvox®\) Prior Authorization](#)
- [Modafinil Prior Authorization](#)
- [Neuraminidase Inhibitor Prior Approval](#)
- [Palivizumab Prior Authorization Request](#)
- [Preferred Drug List Exemption Request](#)
- [Request For Exemption from Criteria](#)
- [Risperidone Long Acting Injection Exemption Request](#)

- 4 Click the desired form. A window similar to the following is displayed:

Rational Drug Therapy Program				Submit		Print Form	
 West Virginia University School of Pharmacy On Behalf of the WV Bureau for Medical Services PO Box 9511 HSCN Morgantown, WV 26506				FAX, Phone, Mail Completed form to: FAX: 1-800-531-7787 Phone: 1-800-847-3859 (Please print or type)			
Preferred Drug List Exemption Request							
Patient Name (Last) (First) (MI)			WV Medicaid ID Digit ID #:		Date of Birth		
Practitioner Name (Last) (First) (MI)							
Practitioner Address: (Street) (City) (State) (Zip)							
Practitioner DEA Number		Return Phone #		Return FAX #			
Non-Preferred Medication Name:				Dose		Directions	
Diagnosis:				(Optional) Diagnosis Code (ICD-9-CM)			
Please answer each of the following questions for your request to prescribe a non-preferred drug for your patient.*							
1. Has the patient experienced treatment failure with the preferred product(s)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the patient have a condition that prevents the use of the preferred product(s)?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, list the condition(s) in the box below:							

Use the information in the following table to navigate through and complete each field on the PA form:

To ...	Do this ...
Display required fields (fields that must be completed)	Click Highlight Fields at the top right corner of the form.
Move between fields	Press the [Tab] key.
Select a check box	Press the spacebar OR Click the desired check box.

Table 7 - PA Form Navigation

- 5 After completing the form, click **Submit** to transfer the request to the RDTP Help Desk, where it is processed and either approved or denied

OR

Click **Print Form** located at the top right corner of each form to print the form, complete it, and fax it to the RDTP Help Desk at 1-800-531-7787, where it is processed and either approved or denied.

This page intentionally left blank.

5 Account Management and Forms

About This Chapter

This chapter contains information about managing user account information and the forms used by patients to authorize you, their prescriber or pharmacist, with permission to access their medical and pharmacy history in MediWeb.

Manage Account

Use this function to change your e-mail address. The information displayed when you click this option is associated with the user ID currently logged on to MediWeb.

- 1 Log on to MediWeb. For more information, see "[Logging On To MediWeb](#)."
- 2 Click **Manage Account** on the MediWeb home page.
- 3 Click **Change email**. A window similar to the following is displayed:

The screenshot shows a web interface for managing a user account. On the left is a sidebar with a 'Search' dropdown menu and several links: 'Patient Lookup' (in purple), 'PAXpress', 'Manage Account', 'Forms', and 'Admin'. The main content area is titled 'Manage Account'. It displays the 'User ID' as 'tcm123456789'. Below the User ID is an 'Email' label followed by an empty text input field. At the bottom of the main content area is an 'Update' button.

- 4 Type the new e-mail address in the **Email** field.
- 5 Click **Update** to save the change.

Forms

This section includes information about the forms used with MediWeb.

BMS MediWeb Portal Access Request Form

The BMS MediWeb Portal Access Request Form is used to request access to MediWeb. It is available on the West Virginia Department of Health and Human Resources Web site at <http://www.wvdhhr.org/bms> and is also provided in [Appendix A](#) of this document.

Authorization to Disclose Personal Health Information Form

Before a provider can access MediWeb, he or she must obtain permission from the Member using the Authorization to Disclose Personal Health Information form included on the MediWeb site at <http://www.wvdhhr.org/bms> and in [Appendix B](#) of this document.

This form must be kept on file in the prescriber's office or in the patient's pharmacy and be available for audit, if requested.

If a member has a change of mind regarding authorization for disclosure of health information, a new form must be completed and kept on file.

Note: A Member's authorization is valid for twelve (12) months and must be renewed annually.

Notice to Medicaid Members

This notice is provided for sharing with your Medicaid patients. It provides information about the personal health information included in the MediWeb portal and explains how access to this information for their healthcare providers can help them to receive the most coordinated care possible.

This form is available on the West Virginia Department of Health and Human Resources Web site at <http://www.wvdhhr.org/bms> and is also provided in [Appendix C](#) of this document.

6 Assistance and Support

Technical Assistance

If you need additional help with any of the technical procedures outlined in this guide, you can contact HID at

BMS MediWeb Portal
Health Information Designs, Inc.
391 Industry Drive
Auburn, Alabama 36832

OR

Call 1-866-205-4834

Technical assistance is available from 8:00 am – 5:00 pm CST (Central Standard Time).

Administrative Assistance

If you have questions regarding administrative policies or procedures relating to MediWeb, please contact:

Vicki M. Cunningham, R.Ph.
Drug Utilization Review Coordinator
Bureau for Medical Services
350 Capitol St, Room 251
Charleston, WV 25301
304-558-6541

Vicki.M.Cunningham@wv.gov

This page intentionally left blank.

Appendix A: BMS MediWeb Portal Access Request Form

The BMS MediWeb Portal Access Request form is provided on the following page.

This page intentionally left blank.



WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU FOR MEDICAL SERVICES

BMS MediWeb Portal
Administered by Health Information Designs, Inc.
391 Industry Drive, Auburn, AL 36832, 1.866.205.4834 v., 334.466.6947 f.
<https://mediweb.hidinc.com>

BMS MEDIWEB PORTAL DATABASE ACCESS REQUEST FORM

Please print or type, and use full name (first, middle initial, last, suffix (Jr., Sr., II, III, etc.))

Full Name:	_____		
SSN:	_____	DOB:	_____
Professional Title:	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DDS <input type="checkbox"/> RPh <input type="checkbox"/> PharmD <input type="checkbox"/> DMD <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> OD <input type="checkbox"/> DPM		

State Board License Number/Expiration	DEA Number/Expiration	National Provider Identifier (NPI)
_____	_____	_____
E-mail Address: _____		
Facility Name: _____		
(Pharmacists - supply your pharmacy name; PAs and NPs - supply the name of your supervising physician; emergency room physicians – supply your hospital name.)		
Facility Address: _____		
City/County:	_____	State/ZIP Code: _____
Phone Number:	_____	Fax Number: _____
Proposed Password (must contain at least 8 characters, at least 1 capital letter, 1 lowercase letter, and 1 number.)		

Prescriber/Dispenser's Signature: _____	
Subscribed and sworn to before me in the County of _____, State of _____	
this _____ day of _____, 20____.	

NOTARY PUBLIC	
Notary Public Seal	My Commission expires: _____

By signing this agreement, I acknowledge that I am a licensed prescriber or pharmacist in the State of West Virginia or in the state in which I practice. I certify that all information is correct and I will abide by all State and Federal regulations pertaining to the privacy of a patient's medical information.

Mail the following items to the BMS MediWeb Portal Program to the address at the top of this form:

Notarized Database Access Request Form
Copies of WV Current Board License and DEA Registration

This page intentionally left blank.

Appendix B: Authorization to Disclose Personal Health Information Form

The MediWeb Authorization to Disclose Personal Health Information form is provided on the following page.

This page intentionally left blank.



West Virginia Department of Health and Human Resources

Authorization to Disclose Personal Health Information

The West Virginia Department of Health and Human Resources, Bureau for Medical Services operates a web-based service which will allow health care professionals to access parts of your medical information. YOUR INFORMATION CANNOT BE ACCESSED WITHOUT YOUR WRITTEN PERMISSION. Before deciding whether to grant permission to your health care provider you need to consider the following information:

1. The records to be disclosed include Medicaid Pharmacy Information and Medicaid Claim Information. Even if you grant your provider your permission to use this web service, the provider will not be able to see your actual health records through the portal. For example, physician's notes, lab test results, etc. will not be seen through the portal. The provider will see only the listing of your prescription medications and medical claims that have been billed to Medicaid.
2. The information to be disclosed may include sensitive information, such as codes related to substance abuse treatment, HIV/Aids, mental health issues, sexually transmitted diseases, or any other condition for which you may have received a diagnosis, a second opinion, or treatment.
3. IF YOU CHOOSE NOT TO ALLOW YOUR PROVIDER TO ACCESS YOUR INFORMATION THROUGH THE WEB SERVICE, TREATMENT WILL NOT BE DENIED TO YOU. PARTICIPATION IN THIS PROGRAM IS VOLUNTARY. If you do not choose to participate in this service your eligibility, enrollment or payment for services will NOT be affected.
4. This consent will automatically expire in twelve (12) months.
5. If you give your permission for your health care provider to use this web service to obtain your personal health information, you should understand that your health care provider may be required to respond to other lawful requests for disclosures of your information, such as a request from an insurance company.
6. You may revoke or end this consent at any time by informing your health care provider in writing. However, any information already received by your health care provider before the provider receives your revocation is not affected by the revocation.

Date _____ Signature _____

☐ I give my permission for _____ to access my personal health information through the WVDHHR Bureau for Medical Services web portal.

☐ **I DO NOT give my permission for access to my personal health information**

Patient Name

Birth Date

Medicaid ID Number

This page intentionally left blank.

Appendix C: Notice to Medicaid Members

The Notice to Medicaid Members is provided on the following page.

This page intentionally left blank.



West Virginia Department of Health and Human Resources

MEDIWEB

Important Information!

Read this notice to find out about a free Medicaid service you now have!

The West Virginia Medicaid program wants you to have the best health care that can be provided. We want you to have the right care at the right place at the right time. One way to make sure this happens is to keep an electronic record of your medical claims and prescription records. Medicaid now has this record and it is called MediWeb.

MediWeb lets your doctor and pharmacist see your medical and prescription claim records on a computer. Making your records available helps them to coordinate your care. It can prevent your doctor from ordering tests that you may have already had and lets them know when they were done. It can also keep them from prescribing medications that might not work well with those you are already taking. The records in MediWeb can also help your doctor and pharmacist to be aware of past conditions that could have an effect on your treatment now. It will allow your pharmacist to see all of your prescribed medicines and could prevent harmful drug interactions. Your records can also provide important information about your health if you need to visit an emergency room or change doctors or pharmacies. The records in MediWeb are safe and private. Special security measures are in place so that only those who provide health care for you will see your health records.

If you want your doctor or pharmacist to be able to see your records, you can sign the **Opt In Form** that has been given to you with this notice. If you do not want your records to be seen, you can check the box to show that or you do not need to do anything. **Your records will not be seen without your permission to each of your healthcare providers.** If you choose not to allow your provider to access your information through MediWeb, treatment will not be denied to you. Participation in this program is voluntary.

This page intentionally left blank.